

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **139**Registered No. **607**

1. PLACE OF BIRTH

County GilaState ARIZONA

District or Township _____

or Village _____

City MIAMI, ARIZONANo. Miami Inspiration Hospital St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Donna Jean Felten3. Sex of Child femaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date Nov 14 1930

of birth

Month Day Year

5. No., in order of birth _____

8.

FATHER

Full name Filmer Eugene Felten

9. Residence

(Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race White11. Age at last birthday 25 (Years)12. Birthplace (city or place) Joplin(State or country) Missouri13. Occupation MinerNature of Industry Copper

14.

MOTHER

Full maiden name Ethel May Fitz

15. Residence

(Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race White17. Age at last birthday 21 (Years)18. Birthplace (city or place) Edmonton(State or country) Alberta, Canada19. Occupation Housewife

Nature of Industry

20. Number of children of this mother _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:40 P m. on the date above stated.(Born alive or stillborn)*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature F. F. Miller

F. F. MILLER, M.D.

(Physician or midwife.)

Given name added from
a supplement report _____

Address _____

Month, day, year _____

Filed Nov 21 30Registrar R. E. Irving

Registrar

465-1114-569